

Center for *Children's* Advocacy

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TESTIMONY OF NHI TRAN, STAFF ATTORNEY, NEW ARRIVALS/REFUGEE PROJECT, CENTER FOR CHILDREN'S ADVOCACY

BEFORE THE HUMAN SERVICES COMMITTEE

IN OPPOSITION TO S.B. 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES

MARCH 3, 2009

The President of the United States is making universal healthcare a priority in his mission for America. On February 4, 2009, President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009, reauthorizing the SCHIP program which was scheduled to expire at the end of March. An important provision in the new law grants federal matching funds to states that cover legal immigrants who have been in the US less than five years. Connecticut now covers all legal immigrants and uses state funding for recent immigrants. Governor Rell has recommended cutting eligibility for recent immigrants completely in her latest budget proposal, saving \$24 million. If policymakers decide to retain the program, the federal government will reimburse the state an extra \$12 million.¹

Now is not the time for Connecticut to pass legislation that will result in more children becoming uninsured. Bill 843 will take away HUSKY insurance to legal permanent residents in Connecticut, including children and pregnant women whose children will become US citizens. Without Medicaid and HUSKY the number of uninsured kids (about 43,000 based on latest census data) would be much greater.

Eliminating insurance to recent immigrant children and pregnant women will be a public health nightmare

Lack of coverage will make it harder for these children and pregnant women to get necessary healthcare, including important immunization or prenatal care. As a community, we have an interest in keeping this vulnerable population healthy so that they can one day contribute to society and the economy.

Immigrant families in Connecticut work and pay taxes to contribute to HUSKY, yet they and their children will be denied coverage for nonemergency medical care.

Research has also shown the importance of insurance coverage for pregnant immigrants. One study of pregnant immigrants showed the linkage of Medicaid coverage for pregnant immigrant women and their use of prenatal care. Hispanic



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¹ Available at http://www.cthealthpolicy.org/pdfs/fed_stimulus_schip.pdf

women who were legal immigrants in Florida had considerably less access to prenatal care than similar women in New York; a key difference is that New York provided Medicaid coverage to pregnant immigrants, while Florida did not.²

Adequate prenatal care helps increase the chance that women have healthy babies and the children do not incur expensive neonatal care costs. Restoring coverage can help assure that these women are able to deliver healthy babies, who will be American-born citizens.

We will be discriminating against tomorrow's citizens

Most immigrants who enter the U.S. as children will become citizens. In addition, infants born in the U.S. of pregnant immigrants are citizens at birth. Regardless of whether they become citizens or not, the children will grow up to be adults who will work and contribute to the economy, and pay taxes. Current Population Survey for March 2008 indicate that two-thirds (66%) of adults 30 years and older who entered the U.S. as immigrant children (that is, were under 18 years of age when they entered the country) became naturalized citizens.³

When Immigrant Children Are Insured, They Receive More Primary and Preventive Health Care and Use the Emergency Room Less

Eliminating insurance for recent immigrant children is counterproductive because it favors the use of expensive emergency room care, while discouraging the use of lower-cost services that keep people healthy and help manage costly and chronic illness.

Analysis of the 2007 National Health Interview Survey shows that when immigrant children are insured, they make more effective use of health care services. Research indicates that immigrant children who are insured are about twice as likely to have seen a primary care doctor in the last year as those who are uninsured (66% insured vs. 35% uninsured).⁴ When they are insured, immigrant children are three times as likely to have preventive well-child visits as uninsured children (65% insured vs. 23% uninsured). Insured immigrant children are also more likely to get a flu shot (20%) than uninsured immigrants (15%).⁵

In contrast, uninsured immigrant children are almost four times as likely to have used an emergency room more than once during the prior year as immigrant children who are insured (2.7% insured vs. 10.8% uninsured). In many cases, children use emergency rooms as a result of illnesses (such as asthma or the flu) that could have been prevented or better controlled by

² Fuentes-Affleck, E. et al. "Use of Prenatal Care by Hispanic Women after Welfare Reform," *Obstetrics and Gynecology*, 107(1):151-60, Jan. 2006.

³ Ku, L. "Restoring Medicaid and SCHIP Coverage to Legal Immigrant Children and Pregnant Women: Implications for Community Health and Health Care for Tomorrow's Citizens," Policy Brief, January 13, 2009, available at <http://www.rchf.foundation.org/images/FE/chain207siteType8/site176/client/RCHN-%20immigrant%20child%20health%20final%201-13.pdf>

⁴ *Id.* at 4.

⁵ *Id.* at 4.

primary health care services. In other cases, they turn to emergency rooms because they simply lack access to a regular source of primary health care. In other words, preventive care can help reduce costs for the entire health care system

Keeping Medicaid coverage for immigrant children thus carries both immediate and downstream cost savings while resulting in higher quality care.

If we take away coverage, recent legal immigrants will disproportionately seek care from safety net health care providers, such as community health centers. Federally qualified community health centers furnished primary care services to 16 million patients in 2007, of whom 39% were uninsured and 91% had low incomes (with incomes below twice the poverty line).⁶

In states that do not provide coverage for immigrants, a large number of patients receiving care at community health centers are immigrants, and they are disproportionately uninsured. A 2002 survey of patients receiving care at community health centers nationwide revealed that 76% of patients who were immigrants who had been in the U.S. for less than five years were uninsured, compared to 58% of the immigrants who had been in the U.S. for five years or more and 35% of those who were native-born citizens.⁷

Governor Rell's proposal would result in an immediate impact on these health centers, as seen in other states that do not provide coverage for recent immigrants.

In conclusion, we cannot afford to eliminate health insurance coverage for recent immigrant children and pregnant women. For the first time since 1996, we have a President who is providing a financial incentive to states that provide health insurance to recent immigrants. We cannot afford to turn away federal dollars now. We cannot afford to increase the number of uninsured children and families in Connecticut. Most importantly, we cannot afford to abandon thousands of legal permanent resident children to fend for themselves in emergency rooms. These children are on track to become U.S. citizens. We must nurture them so that they can become healthy and productive members of our workforce and our community.

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⁶ *Id.* at 5.

⁷ *Id.* at 5.

Compendium of Stories: Who will be affected by S.B. No. 843?

- Hussein and Anna's family

Hussein and Anna are Somali-Bantu refugees from Somalia. Displaced by the civil war back home, they were resettled here in Hartford with their six minor children at the invitation of the United States government. After a year, they applied for and were given legal permanent resident status. This is usually a cause for celebration, as it is a necessary step to eventually becoming citizens. Under the proposed budget cuts, however, it would create a life-threatening danger to some of their children, who have serious health issues, which require medical attention.

Two of the children have undescended testicles which require surgery to correct; the older the boys get, the more dangerous the surgery will be on their health.

The youngest child has just been diagnosed with a rare autoimmune disease. He has been seen at the National Institute of Health in Bethesda, Maryland for tests to better understand the disease. However, as yet there is no treatment or cure. His body cannot fight off germs. When he gets sick he must immediately go to the hospital for intravenous antibiotics, or he risks serious life-threatening infection. At the age of two, he has already been hospitalized four times at Connecticut Children's Medical Center. Along with his older brother, he also suffers from severe asthma, which requires ongoing medical attention and treatment.

- Hannah's family

Hannah and her three children were resettled in Hartford a few years ago. They are refugees from the civil war in Liberia. The day she arrived her youngest son, four years old, became seriously ill and was diagnosed as CCMC with sickle cell anemia. He continues to receive excellent care there, but periodically still requires hospitalization.

- Maryum & Fatima

Maryam is an 18 year old Liberian refugee who also has sickle cell anemia, as does Fatima, a 17 year old refugee from Somalia. They also require ongoing medical supervision with occasional hospitalization to fight this potentially deadly disease.

- Yvette

Yvette is the only caregiver for her granddaughter Patience. They are survivors of the Liberian Civil War and resettled in Hartford a couple of years ago. Patience's mother died during the Civil War. Patience spent the bulk of her childhood in a refugee camp. Yvonne suffers from asthma, arthritis, and high blood pressure, and requires ongoing medical care. She has been hospitalized due to these conditions several times at Hartford Hospital. Currently she is in the process of receiving her Green Card.

All of these families are here because we as a country invited them. All of them spent years in refugee camps with little to no health care, waiting for a country like ours to take them in. All are here legally, and all want to become citizens. The first step is to obtain a green card, which grants permanent resident status. Under the proposed budget cuts, to obtain a green card would mean giving up state health insurance, which for these children would also mean losing the medical attention which is keeping them alive. This is a choice no one should have to make, and we urge you not to make such a choice necessary.